

Case Number:	CM15-0200660		
Date Assigned:	10/15/2015	Date of Injury:	01/21/2014
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 1-21-2014. The injured worker is being treated for cervicgia and pain in joint, shoulder. Treatment to date has included diagnostics, medications, physical therapy, nerve block, cervical epidural injection (7-2014), TENS, massage, home exercise and trigger point injections. Per the Primary Treating Physician's Progress Report dated 9-02-2015, the injured worker reported left neck and shoulder pain. Her pain is rated as 5 out of 10. She reported numbness in the ring and small finger on the left, which radiates to the wrist. Objective findings of the cervical spine included paraspinal muscle spasm and tenderness noted upon palpation. There was trapezial tenderness on the right. Range of motion was decreased for side bend, extension and axial rotation. There was decreased sensation in the left small finger. Left shoulder examination revealed mild tenderness to palpation of the lateral acromion. Work status was full status. The plan of care included TENS unit, medications, home exercise and stretching and a trial of facet injection for pain reduction. Authorization was requested on 9-09-2015 for facet injection cervical spine left C4-5 and C5-6. On 10-01-2015, Utilization Review non-certified the request for left C4-5 and C5-6 facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left C4-5 and C5-6 facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks.

Decision rationale: The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews, as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. The procedure is intended for non-radicular pain however the patient has physical findings on exam consistent with radiculopathy. The request is also for more than one block. For these reasons, the request does not meet criteria guidelines and therefore is not medically necessary.